

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/562902	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		/						51				
2			/				52						
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48							98						
49							99						
50							100						
TOTAL IND.		↓	/	↓		↓	TOTAL IND.		↓				
TOTAL DEP.	←		13	←		←	TOTAL DEP.		↓				
TOTAL CLAIMS			14				TOTAL CLAIMS						